MAXIMUS Federal Services

Case Number:	CM15-0058507		
Date Assigned:	04/03/2015	Date of Injury:	06/26/2014
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male, with a reported date of injury of 06/26/2014. The diagnoses include calcifying tendonitis of the right shoulder, right chondromalacia patellae, carpal tunnel syndrome, lumbar spondylosis, cervical facet syndrome, and cervical spondylosis. Treatments to date were not specified in the medical records. The progress report dated 01/13/2015 indicates that the injured worker complained of low back pain, neck pain, and right shoulder pain. The shoulder pain was worse with range of motion exercises. The injured worker continued to have high-tone hearing loss and was developing a worsening condition. His pain was rated an average of 4 out of 10. The objective findings include tenderness of the cervical spinous process, tenderness at the paracervical muscles, sternoclavicular joint, and trapezius muscles, tenderness of the lumbar spinous process, tenderness to palpation over the right medial joint line, patella, and pes anserine, and positive bilateral carpal compression test. The treating physician requested physical therapy for the right knee, right shoulder, neck, and back and the rental or purchase of a home H-wave unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2x3 for the right knee, right shoulder, cervical spine and back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy 2x3 for the right knee, right shoulder, cervical spine and back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior PT for the neck and low back. The guidelines recommend up to 10 visits for this patient's conditions. The documentation does not reveal evidence of significant objective findings of functional improvement from prior therapy. The request for additional physical therapy is not medically necessary.

Home H-wave unit & Supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 117, 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: Home H-wave unit & Supplies (rental or purchase) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the H wave is not recommended as an isolated intervention, but a one-month home-based trial of HWave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration,and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation does not indicate evidence of sufficient TENS trial and failure. There is also no evidence of one-month trial of the Home H wave with outcomes of pain relief and function, which is recommended, prior to purchase. The request for home H wave unit and supplies (rental or purchase) is not medically necessary.